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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* *NM AF*\*\* FOREIGN APPLICATIONS \*\*\*\*\* *NM AF*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

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Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY GERMANY	SHEETS DRAWING 3	TOTAL CLAIMS 16	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after allowance				

## Verified and Acknowledged

Examiner's Signature *AF*

Initials

## ADDRESS

20995

## TITLE

Modular array arrangements

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